

**FEC FORM 9****24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR  
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**

(a) Name

**Frag Out Marketing**(b) Address (number and street) ☐ check if different than previously reported

1411 SW 13th St

Apt. 201 G

(c) City, State and ZIP Code

Topeka

KS

66604

**2. FEC Identification Number****C** C30001994

(d) Name of Employer or Principal Place of Business

(e) Occupation

Student

**3. Is This Statement****New**

or

**Amended****4. Covering Period**M M M / D D D / Y Y Y Y Y Y  
05 / 21 / 2012

through

M M M / D D D / Y Y Y Y Y Y  
05 / 21 / 2050**5. (a) Date of Public Distribution(s)**

M M M / D D D / Y Y Y Y Y Y

M M M / D D D / Y Y Y Y Y Y

M M M / D D D / Y Y Y Y Y Y

**(b) Communication Title****6. The filer is a(n):** (a) ☐ Individual (b) ☒ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: \_\_\_\_\_**7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?**Yes ☐No ☐**8. Custodian of Records**

(a) Name

Dlany Conny

(b) Address (number and street)

1411 SW 13th St

Apt. 201 G

(c) City, State and ZIP Code

Topeka

KS

66604

(d) Name of Employer or Principal Place of Business

(e) Occupation

**9. Total Donations This Statement**

, , .00

**10. Total Disbursements/Obligations This Statement**

, , .00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Dlany Conny

SIGNATURE

*Dlany Conny*

[Electronically Filed]

DATE

05/21/2012

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

**List of Person(s) Sharing/Exercising Control**  
(use additional pages as necessary)

PAGE 2 OF 2

**11. Person(s) Sharing/Exercising Control****A.** (a) Name Transaction ID : F91.000001

Sonnich Duncan Alex

(b) Address (number and street) 1411 SW 13th St  
Apt. 201 G

(c) City, State and ZIP Code

Topeka

KS 66604

(d) Name of Employer or Principal Place of Business

(e) Occupation

**B.** (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

**C.** (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

**D.** (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

**E.** (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation